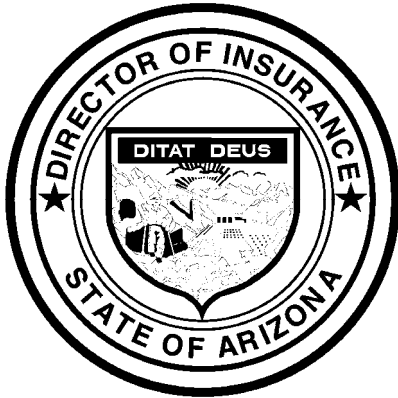


# FORM L-191

## *Renewing the insurance license of an individual*

***For a license that expires on or before June 30, 2012***

*\*Note: Application forms and instructions are subject to change without notice. Current versions of forms and instructions are available from the PRODUCERS page of the Department's Internet web site ([www.azinsurance.gov](http://www.azinsurance.gov)).*



### **TIME SENSITIVE MATERIALS!!!**

If the Department of Insurance does not receive your **COMPLETE** renewal application prior to your license expiration, your license will expire (you will be prohibited from engaging in insurance business), you will be subject to a late renewal fee, and you may be subject to additional license requirements.

- ☐ **Carefully read instructions.** Licensing laws regularly change. Instructions may describe additional forms or documents you need to submit. If your application is incomplete, the application will be returned as deficient. If the Insurance Licensing Section does not receive your **complete** application and fees by or before your license expiration date, you shall lose the authority to transact insurance and you will be required to pay a \$100 late renewal fee to renew your license.
- ☐ **Submit your renewal application early.** You can renew a license up to 90 days before it expires.
- ☐ **Try to submit your renewal application and fee payment electronically** using the Insurance Professional License Update System ("IPLUS"), at [iplus.azinsurance.gov](http://iplus.azinsurance.gov). IPLUS cannot renew licenses in some cases. If you are unable to renew online, use IPLUS to print your renewal application, complete the printed application, and send with your fee payment and any other required materials. You can use Form L-191 if you do not want to renew online.
- ☐ **If renewing using Form L-191, make sure you submit all parts of the application.** Form L-191 consists of two parts for non-residents and three parts for Arizona residents. All applicants (residents and nonresidents) must complete Part I and Part II. Arizona-resident licensees must also complete Part III.
- ☐ **Clearly print in ink or type** all information and carefully **review your application before submitting it.** If you have a question about application forms or instructions, contact the Insurance Licensing Section (see information at the bottom of the next page). If submitting Form L-191 or an application printed from IPLUS, make sure to sign and date the applicant certification section.
- ☐ **Retain these instructions for your records.** Do not submit this instruction booklet with your application.
- ☐ If renewing using a paper application, **organize materials** before submitting them, as follows:
  - ◆ Remove any stubs from the money order or check with which you are paying your license fee.
  - ◆ To the front of the application form, staple your payment, made payable to **Insurance Licensing Section**, and send to

**Insurance Licensing Section, 2910 N. 44<sup>th</sup> St # 210, Phoenix, Arizona 85018-7269**

**HOW TO RENEW YOUR LICENSE.** Use IPLUS or Form L-191 to apply for license renewal.

- **IPLUS.** You may be able to submit your renewal application and fee payment electronically. Electronic renewal applications are accessible online from the Insurance Professional License Update System ("IPLUS"), at [iplus.azinsurance.gov](http://iplus.azinsurance.gov). Electronic renewal applications are not available in some cases. If you are unable to renew online, print your renewal application using IPLUS.
- **FORM L-191.** If you cannot or prefer not to submit your license application and fee payment using the IPLUS system, use Form L-191.
  - DO NOT use Form L-191 to apply for new license authority. To apply for a new license, use Form L-169: "Application for an Individual Insurance License."
  - DO NOT use Form L-191 to apply to renew a business entity license. See Form L-192.

**LICENSING ELIGIBILITY REQUIREMENT.** All resident applicants must provide evidence of lawful presence in the United States (per ARS § 41-1080): Prior to renewing your license, you must submit an original of Form L-152 and a copy of both sides of one of the required forms of identification. You may submit licensing eligibility information at any time. This form is only required to be submitted once.

**CONTINUING EDUCATION.** If you are an Arizona resident who holds an insurance license other than as a bail bond agent or adjuster, you must complete 40 hours of insurance continuing education if you held a nonresident license in at least one other state at any time during the term of your expiring license. Part III of the application will tell you whether you need to complete insurance CE.

**ADDRESS/PHONE CHANGES.** You must report name and address changes within 30 calendar days of the change. Report address and phone number changes by using **IPLUS** (<http://iplus.azinsurance.gov>).

**LICENSE CERTIFICATES.** The Department does not print license certificates. If you submit a paper renewal application, we will provide you a notice when your renewal has been processed. If you use **IPLUS** to renew your license, the confirmation screen at the end of the process tells you that your renewal application was successful. At any time, use the "License Search" feature on the Department's web site to view or print out your license.

**ON-THE-SPOT SERVICE.** *In a hurry for your license?* We can review a license application hand delivered to the Insurance Department "on the spot," while you wait. We can answer your questions and describe any additional information that we may need to render a licensing decision. Many (but not all) applicants are able to obtain their license before they leave our office. The last week of the month is especially busy, so bring us your application toward the beginning of the month. On-the-spot service is available as follows:

- **Hours:** Mondays through Fridays between 8 AM and 4 PM (except state-observed holidays)
- **Office Location:** 2910 North 44<sup>th</sup> Street, Suite 210, Phoenix 85018-7269

**LICENSING AND RENEWAL FORMS** are available

- from the Department's "PRODUCERS" Internet web page at [www.azinsurance.gov](http://www.azinsurance.gov),
- in person from the office during "on-the-spot service" hours – see above.

**IF YOU HAVE QUESTIONS CONCERNING ANY LICENSING-RELATED ISSUE,**

- ▶ **Visit our web site** at [www.azinsurance.gov](http://www.azinsurance.gov), or ▶ **E-mail us** at [licensing@azinsurance.gov](mailto:licensing@azinsurance.gov), or
- ▶ **Call the Insurance Licensing Section** at (602) 364-4457 (or call toll-free within Arizona but outside the Phoenix Area at 877-660-0964).

## PART I

### • SECTION A:

- If you are applying to renew **Variable Life and Variable Annuities Producer** authority, enter your CRD number issued by the Financial Industry Regulatory Authority ("FINRA") in the box provided in SECTION A. FINRA records must show that you have an active registration with a broker-dealer.
- Your business address **MUST** be the physical street address accessible to the public where you transact insurance (not a post office box or postal mail box). If you conduct business from your home, enter the address of your home in this section.

- **SECTION B:** Enter the location or post office box where you want license-related correspondence sent, if different than address in Section A. If the address belongs to a business, include the full business name. Additionally, you may include your fax number and/or e-mail address to help us correspond with you.

### • SECTION C:

- You cannot add lines of authority to your license using this application (see Form L-169).
- If you surrender license authority, you will not be able to reapply for the line of authority for one year. ARS 20-289(F).
- If you do not qualify to renew a line of authority, you must remove it from your license and reapply for the authority when you qualify (using Form L-169).

- **SECTION D:** Make sure your application is accompanied by the correct amount of fees. Fees are non-refundable (ARS § 20-167).

#### ▪ *License Fees.*

- Include \$1,120 in your payment if the license contains either the Surplus Lines Broker authority or Mexican Insurance Surplus Lines Broker authority (because you need to pay \$1,000 for the Surplus Lines Broker license plus \$120 for all other license authority); **OR**
- Include \$120 in your payment (regardless of the number of lines of authority on your license) if you are not a Surplus Lines Broker or Mexican Insurance Surplus Lines Broker.

#### ▪ *Late Renewal Fee.* Include \$100 in your payment to renew your license after the license expires for up to one year after it has expired. You cannot conduct business under an expired license. To late renew a license, the Department must receive within one year after the expiration date of the license,

- a complete application and any other required documents
- the nonrefundable license fee (described in Section D of the application), and
- the \$100 late renewal fee required by A.R.S. § 20-289(E).

*If we receive your renewal application more than one year after your license expires, the application will be rejected and you will need to submit an application for a new license and fulfill any examination, licensing eligibility and fingerprinting requirements.*

- **SECTION E** must contain the *physical street address* of your residence (a P O Box or PMB is unacceptable).

**PART II:** If you answered "YES" to any question in PART II, you are required to submit:

- A SIGNED statement describing, **in detail**, all incidents including the names, dates and locations involved, the names and localities of any courts and/or administrative agencies involved, and the disposition or current status of each matter; **AND**

- Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information that relates to each matter. If copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.

### **PART III (For Arizona-resident Producers Only)**

Your responses to questions in **Section A of PART III** will indicate whether you need to complete Arizona-approved insurance continuing education ("CE") courses. Nonresident licensees are NOT required to complete Arizona-approved insurance CE courses. If your responses to Section A of PART III show you are required to complete CE, you must submit a printout of your transcript from [www.prometric.com](http://www.prometric.com) OR you must submit Arizona-approved Certificates of Completion (including the Arizona state seal) with your license application demonstrating that you completed the required hours of continuing education.

## **ADDITIONAL APPLICATION REQUIREMENTS**

### **NON-RESIDENT APPLICANTS**

- We will use the Producer Database (PDB) maintained by the National Insurance Producer Registry to determine whether you are licensed in good standing in your home state. We will only require you to submit a certification letter if we are unable to verify your home-state license status.

**ASSUMED NAME (OR D.B.A.)**. In accordance with A.R.S. § 20-297, a licensee cannot use a name in insurance business matters other than the true name unless approved by this office. Use **Form L-193** to "file" the name. **To legally reserve** the name, you may "register" the name by contacting the Arizona Secretary of State's Office. Call (602) 542-6187 for information about applying for a "Trade Name Certificate."

**MANAGING GENERAL AGENTS**. Complete Form L-106 and have Form L-107 completed by an official of the insurance company with which you have a contract. Submit both forms with your application.

**RISK MANAGEMENT CONSULTANTS**. Include a letter from the political subdivision (city/town/county) authorizing you to serve as their Risk Management Consultant.

**Organize your application materials and fee payment** in the manner described on the cover and send (without this instruction booklet) to the following address:

**INSURANCE LICENSING SECTION, 2910 N 44TH ST # 210, PHOENIX, AZ 85018-7269**

## INSURANCE LICENSE RENEWAL APPLICATION: PART I

FORM L-191

1. PLEASE READ THE ENCLOSED INSTRUCTION BOOKLET. Incomplete or illegible applications will be returned and a late fee may be incurred.
2. MAKE SURE YOUR APPLICATION IS COMPLETE. Complete PARTS I and II (and PART III if you are an Arizona resident, excluding adjusters and bail bond agents) and other requirements specified in the instruction booklet. An application that fails to meet renewal requirements will be returned and you may be subject to a late renewal fee.
3. Address the envelope containing application materials and fees EXACTLY AS FOLLOWS:

**INSURANCE LICENSING SECTION, 2910 N. 44<sup>th</sup> Street # 210, Phoenix, AZ 85018-7269**

<b>SECTION A</b> Business Information  <i>You must provide a <u>physical street address</u> in Section A.</i>	AZ Insurance License Number		FINRA CRD Number ( <u>Variable Life/Annuity Producers</u> )	
	Applicant Last Name	Jr./Sr./II/III, etc.	Applicant FULL First Name	Applicant FULL Middle Name
	Physical Street Address of Your Business			
	City	State	Zip Code	Business Area Code and Phone Number:
<b>SECTION B</b> Mailing Address (optional, if left blank, address in Section A will be used for mailing purposes)	Business Name (If the mailing address belongs to a business, enter the name of the business here; otherwise, leave blank)		<i><b>Any business entity you name in Section A or B must be separately licensed pursuant to A.R.S. § 20-285(D) if it participates in the sale, solicitation or negotiation of insurance. A.R.S. §§ 20-282 and 20-298.</b></i>	
	Mailing Street Address (may be either a street address or post office box)			
	City	State		
	E-mail Address		Fax Number	
<b>SECTION C</b> Renewal	Check here <input type="checkbox"/> to renew all lines of authority on the license (and proceed to SECTION D) <u>OR</u>			
	Check here <input type="checkbox"/> to remove one or more lines of authority from the license. In the appropriate box below, identify the line(s) of authority for which you do not qualify or that you want to surrender.			
	In this box, list the line(s) of authority for which you do not qualify:			
	In this box, list the line(s) of authority you want to surrender (for which you cannot reapply for one year):			
<b>SECTION D</b> Renewal fees for licenses expiring on or before 6/30/2012	<ul style="list-style-type: none"> <li>Fees are nonrefundable per ARS § 20-167.</li> <li>The fee to renew a license that does not contain Surplus Lines Broker or Mexican Insurance Surplus Lines Broker is \$120* (regardless of the number of lines of authority on the license).</li> <li>The fee to renew a license that contains Surplus Lines Broker or Mexican Insurance Surplus Lines Broker authority is \$1,120* (regardless of the number of lines of authority on the license).</li> <li>Make your payment, made out to "INSURANCE LICENSING SECTION," by check, money order or (if paying in person) by cash. We do not accept credit/debit cards.</li> </ul>			
	<b>*NOTE: If we do not RECEIVE your license fee and a complete application meeting all renewal requirements on or before your license expiration date, you must add \$100.00 to your payment for the late renewal fee required by A.R.S. § 20-289(E).</b>			
<b>SECTION E</b> Household Address	Household Street Address (A physical street address is required)			
	City	State	Zip Code	Home Area Code and Phone #
THIS AREA FOR INSURANCE DEPARTMENT USE ONLY   Renewed/Approved By _____ Late Renewal Date _____		TF#: _____ <input type="checkbox"/> 57 Quad Other (120.00) <input type="checkbox"/> 59 Quad SLB (1000.00) <input type="checkbox"/> 149 Late Renewal (100.00)		
		PDB Checked <input type="checkbox"/> L-152 submitted <input type="checkbox"/>		

## INSURANCE LICENSE RENEWAL APPLICATION: PART II

**ADDITIONAL INFORMATION:** Carefully read and respond to each of the following questions. You should provide a "YES" answer **even if you believe an incident has been cleared from your record**. Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to take administrative action against you, including the denial your renewal application.

For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or had its civil rights restored, had a plea withdrawn or has been given probation, a suspended sentence or a fine, or successfully completed a diversion program.

**NOTE: ADDITIONAL INFORMATION IS REQUIRED if you respond "YES" to any of the following. Please see the instructions.**

A. Have you had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, <b>OR</b> a fine/assessment/forfeiture, consent order, administrative action etc imposed by any public authority that has not been previously disclosed in a written format by you to this agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you ever withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license that has not been previously disclosed in a written format by you to this agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you been convicted or found guilty of, have you had a judgment made against you for, or have you admitted to, any of the following that has not been previously disclosed in a written format by you to this agency:	
1. A felony (of any kind)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Forging another's name to any document related to an insurance transaction? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Withholding, misappropriating, converting or stealing money or property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Committing an insurance unfair trade practice or fraud? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Transacting, or helping someone else transact, insurance without the required license authority? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is any case currently pending against you in any jurisdiction accusing you of any issue listed in Question C? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. <i>If you are not applying for a bail bond agent license, answer "Not applicable."</i>	
Otherwise, if <u>you are renewing a bail bond agent license</u> , have you EVER been convicted in any jurisdiction of any crime (felony, open-ended or misdemeanor) that involved carrying, illegally using or possessing a deadly weapon or dangerous instrument that has not been previously disclosed in a written format by you to this agency? .....	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICANT CERTIFICATION

By my signature below, I hereby certify that the information recorded on all parts of this application and on all attachments and enclosures herewith, is true and correct to the best of my knowledge

**INSURANCE LICENSE RENEWAL APPLICATION: PART III  
(Supplement for Arizona Residents)****SECTION A: INSURANCE CONTINUING EDUCATION***Must be completed by all Arizona resident applicants*

The following questions will help determine whether you need to submit proof of satisfying the Arizona Continuing Education requirements with your renewal application. If you are required to complete Arizona-approved CE, you must submit a transcript of your CE credits from [www.prometric.com](http://www.prometric.com) OR **ORIGINALS** of the CE Certificates of Completion (Arizona State Seal and Bar Code must be on the certificates) and you must retain copies until the second renewal date after the period for which the CE credits were earned (A.R.S. § 20-2903(A)). You may wish to review continuing education requirements provided on the "PRODUCERS" page of the Department's web site ([www.azinsurance.gov](http://www.azinsurance.gov)).

1. Are you an Arizona resident? ☐ Yes ☐ No
  - If **Yes**, please proceed to question 2 in this section.
  - If **No**, you DO NOT need to complete Arizona-approved CE courses and you should skip the remaining questions in this section (Part III)
2. Have you held an Arizona insurance license for more than one year? ☐ Yes ☐ No
  - If **Yes**, please proceed to question 3 in this section.
  - If **No**, you DO NOT need to complete Arizona-approved CE and you should skip the remaining questions in this section (Part III)
3. In Arizona, do you only hold a license as an adjuster or bail bond agent? ☐ Yes ☐ No
  - If **No** (you hold another type of authority on your license), please proceed to question 4 in this section.
  - If **Yes** (you are only an adjuster or bail bond agent), you DO NOT need to complete Arizona-approved CE and you should not answer Question 4 in this section (Part III).
4. At any time during the term of your expiring Arizona insurance license, were you licensed to transact insurance in any other state? ☐ Yes ☐ No
  - If **No**, you DO NOT need to complete Arizona-approved CE.
  - If **Yes**, you need to complete CE.